

CITY COUNCIL REPORT



Meeting Date: February 23, 2016
General Plan Element: ***Land Use***
General Plan Goal: ***Support a diversity of businesses.***

ACTION

Restaurant Liquor License Request for Farm & Craft 5-LL-2016. To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for a Series 12 (restaurant) State liquor license for an existing location and new owner.

OWNER

Farm & Craft LLC

APPLICANT CONTACT

Randy D Nations

LOCATION

4302 N Scottsdale Rd

BACKGROUND

This request is for a Series 12 (restaurant) liquor license. This has been a licensed location since 1987, most recently operating with liquor as Stingray Sushi.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Series 12 (restaurant) liquor license. This allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its total revenue from the sale of food. The applicant has indicated that this establishment will serve liquor between the hours of 12 a.m. to 2 a.m.; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

IMPACT ANALYSIS

Reliability and Location

A.R.S. Section 4.-203.A and R19-1-702 Granting a License for a New Owner for a Certain Location.

The capability, qualifications and reliability of the applicant has been shown.

Restaurant.

A.R.S. Section 4-205.02 and R19-1-206 Criteria for Restaurant Operations.

This owner intends to operate this location as a restaurant according to the applicant's responses to the State's Restaurant Operation Plan categories: Personnel, Equipment, Menu, Live Entertainment, Bar Games/Televisions, Name of Establishment, Bar Seating Area and Dinnerware. This establishment is 4,049 sq. ft. in size, including an existing 677 sq. ft. patio. The bar service area is 208 sq. ft. or 6% of gross floor area, and the kitchen area is 626 sq. ft. or 19% of the gross floor area. The operational characteristics and floor plan qualify as a restaurant.

Zoning.

This site is zoned Central Business District Downtown Overlay (C-2 DO). The C-2 DO district allows restaurants. The applicant has been notified of the City's expectation that the business will operate as a restaurant as defined by City Code.

Public Safety

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time in relation to the liquor license.

Public Notice and Proximity

A.R.S. Section 4-201.B. Petitions from Persons in Close Proximity.

The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests were received during the 20 (twenty) day posting period.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, disapproval or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, disapproval or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

RESPONSIBLE DEPARTMENT(S)

Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov
Planning and Development Services

Joseph LeDuc, Lieutenant, jleduc@scottsdaleaz.gov
Public Safety Division

Raun Keagy, Neighborhood Planning Director, rkeagy@scottsdaleaz.gov
Planning and Development Services

APPROVED BY



Tim Curtis, AICP, Current Planning Director
480-312-4210, tcurtis@scottsdaleaz.gov

1/29/2016

Date



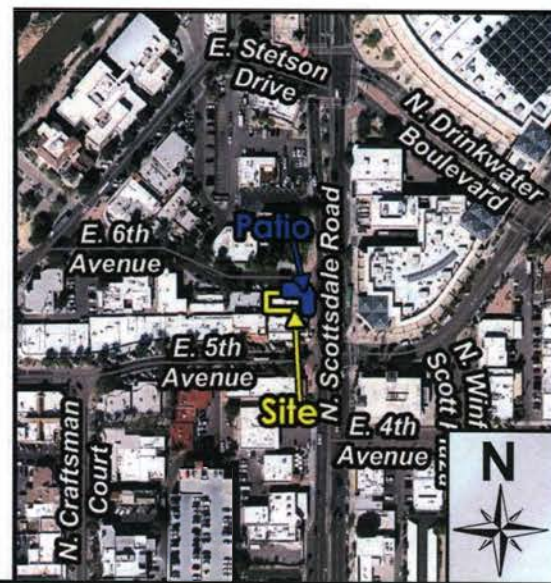
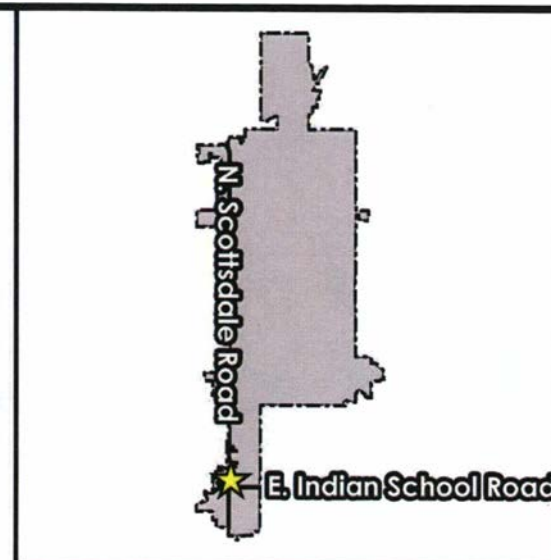
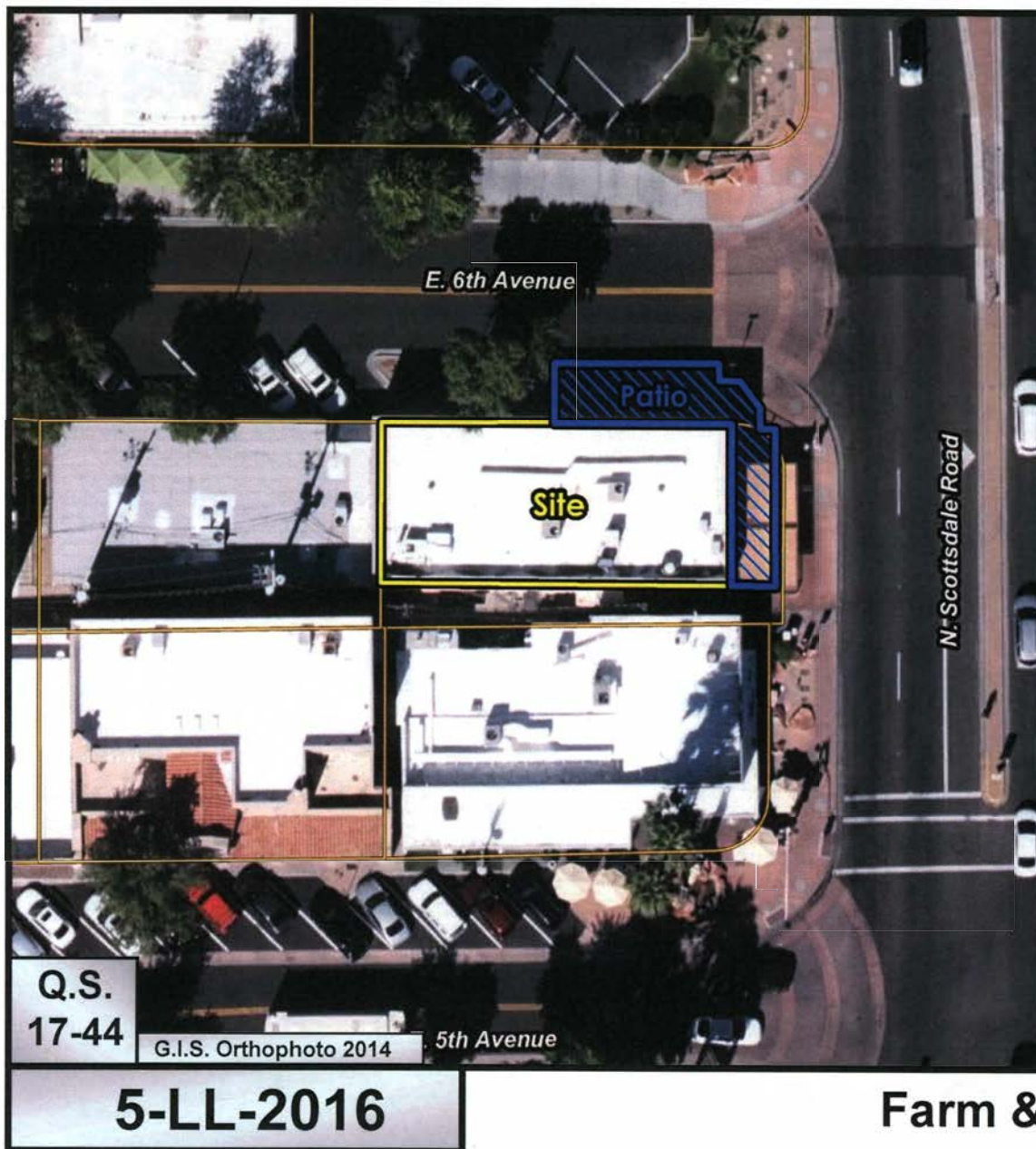
Randy Grant, Director
Planning and Development Services
480-312-2664, rgrant@scottsdaleaz.gov

2/2/16

Date

ATTACHMENTS

- #1: Map
- #2: City of Scottsdale Applicant Questionnaire
- #3: State Application



Farm & Craft



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Name of Business: Farm & Craft

Business Address: 4302 N Scottsdale Rd

Total Gross Square Footage of Establishment: 3372

Was liquor sold at this location prior to this application? ☒ Yes ☐ No

If **yes**, what type of license? Series 12

Is this business currently open? ☐ Yes ☒ No

If **yes**, is this business operating with an Interim license? ☐ Yes ☐ No

If **no**, what is the proposed opening date? April 2016

Is this business under construction or being remodeled? ☒ Yes ☐ No

Does this business have an existing patio? ☒ Yes ☐ No Dimensions of patio 677

Does this business have a proposed patio? ☐ Yes ☐ No Dimensions of patio _____

For Restaurants, Bars and Restaurants/Bars:

Will the bar service area be in excess of 15% of the gross floor area? ☐ Yes* ☒ No

Gross square footage of bar service area: 208

(includes the floor area under indoor and outdoor bars and the floor area behind the bars used for storage, prep and serving of food or drinks)

Will the kitchen be less than 15% of the gross floor area? ☐ Yes* ☒ No

Gross square footage of kitchen: 626

(do not include refrigerators or areas used for storage of food or beverages)

During what hours will the establishment provide full kitchen service? until 12 am or 2 am

During what hours will the establishment offer liquor sales? 2 am

Will age verification be required/requested for admittance at any time during business operations? ☐ Yes* ☒ No

Is a cover charge required for admittance at any time during business operations? ☐ Yes* ☒ No

Will less than 40% of gross revenues be derived from the sale of prepared food? ☐ Yes* ☒ No

*May require a Conditional Use Permit

Please check **one** of the following that best describes the primary business operation:

☐ packaged retail ☒ restaurant ☐ bar ☐ personal service ☐ education service

☐ manufacturing ☐ hotel / tourist accommodation ☐ residential facility ☐ sports / theater

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 ♦ Phone: 480-312-7000 ♦ Fax: 480-312-7088



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Will this business feature any of the following:

| | | | | | |
|----------------------|-------------------------------|--|---------------------------|-------------------------------|--|
| Patron Dancing? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No | Karaoke? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No |
| Live Bands? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No | DJ? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No |
| Amplified music? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No | Games? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No |
| Adult Entertainment? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No | Four or more pool tables? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No |
| After hours? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No | | | |

*May require a Conditional Use Permit

Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

1. I have the capability, qualifications and reliability to hold a liquor license because:
I currently own a few other places and will require my employees attend the training classes.

2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:
I would like to continue to offer an alcoholic beverage to my customers if they choose to do so.

3. Please describe your business:
Restaurant

The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611.

Print Name: Thander Rodriguez Signature: Thander Rodriguez Date: 1-19-16

Submit

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 ♦ Phone: 480-312-7000 ♦ Fax: 480-312-7088



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007
www.azliquor.gov
(602) 542-5141

5-11-2016

Application for Liquor License
Type or Print with Black Ink

SECTION 1 This application is for a:

- ☐ Interim Permit (Complete Section 5)
☒ New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
☐ Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
☐ Location Transfer (Bars and Liquor Stores Only)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
☐ Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
☐ Government (Complete Sections 2, 3, 4, 10, 13, 16)
☐ Seasonal

SECTION 2 Type of Ownership:

- ☐ J.T.W.R.O.S. (Complete Section 6)
☐ Individual (Complete Section 6)
☐ Partnership (Complete Section 6)
☐ Corporation (Complete Section 7)
☒ Limited Liability Co (Complete Section 7)
☐ Club (Complete Section 8)
☐ Government (Complete Section 10)
☐ Trust (Complete Section 6)
☐ Tribe (Complete Section 6)
☐ Other (Explain) _____

SECTION 3 Type of license

1. Type of License: Series 12

LICENSE #

1207A511

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE

A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Nations Randy D.
Last First Middle

2. Owner Name: Farm & Craft LLC

(Ownership name for type of ownership checked on section 2)

3. Business Name: Farm & Craft

(Exactly as it appears on the exterior of premises)

4. Business Location Address: 4302 N Scottsdale Rd Scottsdale AZ 85251 Maricopa
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: P O Box 2502 Chandler AZ 85244
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: Pending Daytime Contact Phone: 480-730-2675

7. Email Address: rhonda@azlic.com

8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☐ No

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? ☐ Yes ☒ No

If Yes, what City, Town or Tribal Reservation is this Business located in: _____

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ _____

Fees: 100.00 Application 500.00 Department Use Only 154.00 304.00 Total of All Fees
Interim Permit Site Inspection Finger Prints

Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? ☐ Yes ☐ No

Accepted by: RR Date: 1/17/16 License # 1207A511

15 JAN 12 199. Lic. RM1120

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: _____
2. Is the license currently in use? ☐ Yes ☐ No If no, how long has it been out of use? _____

Attach a copy of the license currently issued at this location to this application.

I, _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING
(Print Full Name) PERSON on the stated license and location.

X _____
(Signature)

State _____ County of _____
The foregoing instrument was acknowledged before me this

_____ day of _____
Day Month Year

My Commission Expires on: _____
Date

(Signature of Notary Public)

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

Individual

| Last | First | Middle | %Owned | Mailing Address | City | State | Zip Code |
|------|-------|--------|--------|-----------------|------|-------|----------|
| | | | | | | | |

Is any person other than above, going to share in profit/losses of the business? ☐ Yes ☐ No
If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

| Last | First | Middle | Mailing Address | City | State | Zip Code | Phone # |
|------|-------|--------|-----------------|------|-------|----------|---------|
| | | | | | | | |
| | | | | | | | |

Partnership

Name of Partnership: _____

| General-Limited | Last | First | Middle | %Owned | Mailing Address | City | State | Zip Code |
|---|------|-------|--------|--------|-----------------|------|-------|----------|
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | |

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |

16 JAN 12 Lic. Lic. #11118

SECTION 6 - continued

TRUST

Name of Trust: _____

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |

TRIBE

Name of Tribal Ownership: _____

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

SECTION 7 Corporations/ Limited Liability Co

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

☐ Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7

☒ L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C: Farm and Craft LLC

2. Date Incorporated/Organized: 3/5/2015 State where Incorporated/Organized: Arizona

3. AZ Corporation or AZ L.L.C File No: L1989393-2 Date authorized to do Business in AZ: 3/10/2015

4. Is Corp/L.L.C. Non Profit? ☐ Yes ☒ No

5. List Directors, Officers, Members in Corporation/L.L.C:

| Last | First | Middle | Title | Mailing Address | City | State | Zip Code |
|-------------------------------|-------|--------|------------|--------------------------|------------|-------|----------|
| Rooke LLC | | | Mng Member | 7525 E Camelback Rd #100 | Scottsdale | AZ | 85254 |
| Western Vertical Holdings LLC | | | Member | 740 N 52nd St | Phoenix | AZ | 85008 |
| | | | | | | | |

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

| Last | First | Middle | %Owned | Mailing Address | City | State | Zip Code |
|-------------------------------|-------|--------|--------|--------------------------|------------|-------|----------|
| Rooke LLC | | | 57.5 | 7525 E Camelback Rd #100 | Scottsdale | AZ | 85254 |
| Western Vertical Holdings LLC | | | 37.5 | 740 N 52nd St | Phoenix | AZ | 85008 |
| | | | | | | | |
| no one else owns 10% or more | | | | | | | |

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational FLOWCHART showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

AMENDMENT

SECTION 6 - continued**TRUST**

Name of Trust: _____

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |

TRIBE

Name of Tribal Ownership: _____

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SECTION 7 Corporations/ Limited Liability Co

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

☐ Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7☒ L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C.: Farm and Craft LLC

2. Date Incorporated/Organized: 3/5/2015 State where Incorporated/Organized: Arizona

3. AZ Corporation or AZ L.L.C File No: L1989393-2 Date authorized to do Business in AZ: 3/10/2015

4. Is Corp/L.L.C. Non Profit? ☐ Yes ☒ No

5. List Directors, Officers, Members in Corporation/L.L.C:

| Last | First | Middle | Title | Mailing Address | City | State | Zip Code |
|-------------------------------|-------|--------|------------|-------------------------------------|---------|-------|----------|
| Rooke LLC | | | Mng Member | 7525 E Camelback Rd #100 Scottsdale | AZ | 85254 | |
| Western Vertical Holdings LLC | | | Member | 740 N 52nd St | Phoenix | AZ | 85008 |
| | | | | | | | |
| | | | | | | | |

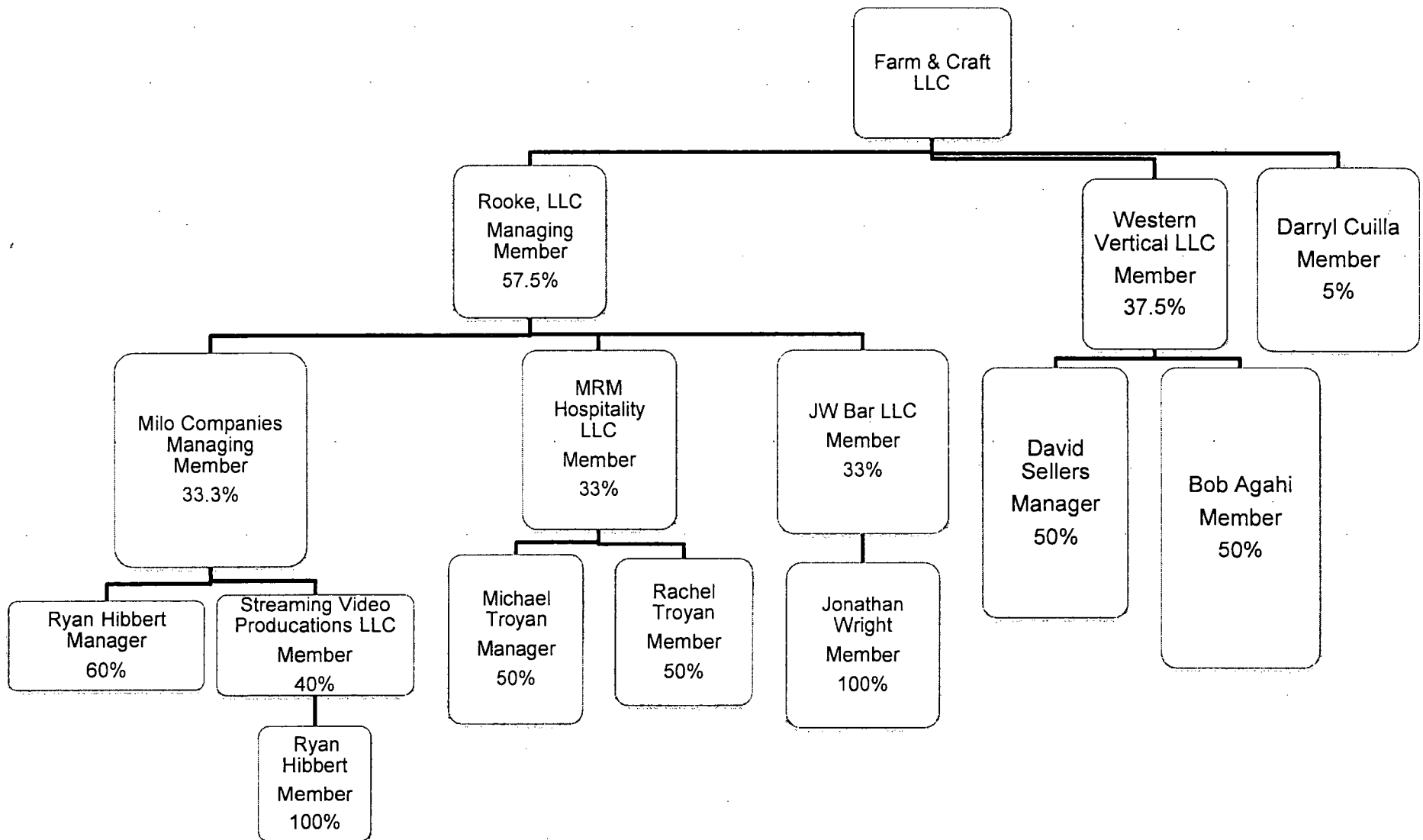
(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

| Last | First | Middle | %Owned | Mailing Address | City | State | Zip Code |
|-------------------------------|-------|--------|--------|--|---------|-------|----------|
| Rooke LLC | | | 57.5 | 7525 E Camelback Rd #100 Scottsdale | AZ | 85254 | |
| Western Vertical Holdings LLC | | | 37.5 | 740 N 52nd St | Phoenix | AZ | 85008 |
| | | | 5% | 1001 21626 E. Arizona Biltmore Cir #27 | Phoenix | AZ | 85020 |
| no one else owns 10% or more | | | | | | | |

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.



EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- | Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Individuals requiring ADA accommodations please call (602) 542-9027

SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: _____ Entity: _____
Last First Middle (Individual, Agent, Etc)

2. Ownership Name: _____
(Exactly as it appears on license)

3. Business Name: _____
(Exactly as it appears on license)

4. Business Location Address: _____
Street City State Zip

5. License Type: _____ License Number: _____

6. Current Mailing Address: _____
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? ☐ Yes ☐ No

8. Does the applicant intend to operate the business while this application is pending? ☐ Yes ☐ No

If yes, complete Section 5 (**Interim Permit**) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) _____ hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, (Print Full Name) _____, declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

X _____
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of _____ County of _____
State County

The foregoing instrument was acknowledged before me this _____ day of _____, _____.
Day Month Year

My commission expires on _____
Day/ Month/Year Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants EXCLUDING those applying for a Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

a) Restaurant license (§ 4-205.02)

b) Hotel/motel license (§ 4-205.01)

c) Government license (§ 4-205.03)

d) Fenced playing area of a golf course (§ 4-207 (B) (5))

1. Distance to nearest School: _____ Name of School: _____
(if less than one (1) mile note footage)

Address: _____

2. Distance to nearest Church: _____ Name of Church: _____
(if less than one (1) mile note footage)

Address: _____

SECTION 14 Business Financials

1. I am the: ☒ Lessee ☐ Sub-lessee ☐ Owner ☐ Purchaser ☐ Management Company

2. If the premise is leased give lessors:

Name: Velasco Holdings, LLC

Address: 8513 E Citrus Way Scottsdale AZ 85250

Street

City

State

Zip

3. Monthly Rent/ Lease Rate: \$ 13,500.0

4. What is the remaining length of the lease? 10 yrs 0 months

5. What is the penalty if the lease is not fulfilled? \$ _____ or other: Owe until leased again

(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 0

Please List Lenders/People you owe money to for business.

| Last | First | Middle | Amount Owed | Mailing Address | City | State | Zip |
|------|-------|--------|-------------|-----------------|------|-------|-----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?

Restaurant

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? ☐ Yes ☒ No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? ☐ Yes ☒ No

10. Is the premises currently license with a liquor license? ☐ Yes ☒ No

If yes, give license number and licensee's name:

License #: _____ Individual Owner /Agent Name: _____
(Exactly as it appears on license)

SECTION 15 Restaurant or hotel/motel license applicants

1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? ☐ Yes ☒ No
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this ☒ Restaurant ☐ Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.


(Applicant's Signature)

5. I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing; specify why the extension is necessary; and the new inspection date you are requesting.


(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:


- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input checked="" type="checkbox"/> Contiguous |
| <input type="checkbox"/> Walk-up windows | <input type="checkbox"/> Drive-through windows | <input type="checkbox"/> Non Contiguous |

1. Is your licensed premises currently closed due to construction, renovation or redesign? ☐ Yes ☒ No
If yes, what is your estimated completion date? _____

Month/Day/Year

2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.
3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.


(Applicant's Initials)

SECTION 16 Diagram of Premises – continued

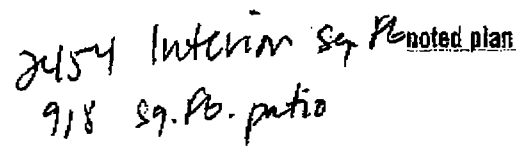
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking lots, living quarters, etc. When completing diagram, North is up ↑.














































































If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

DIAGRAM OF PREMISES

Diagram Attached

100-443887-100

[illegible]

| | |
|---|---|
| 2. Leaf:  simple | ⑦ Laminated plate |
| ⑧ midrib type | ⑧⑨ xylem height |
| ⑨ Ribbed | ⑩ cell type |
| ⑩ Interior division | ⑪ rib |
| ⑪  | ⑫ phloem |
| ⑫  | ⑬ H2O2 |
| ⑬  | ⑭  |
| ⑭  | ⑮  |
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to Philadelphia and nearby to binder "like
 members say "Black nation
 members & sister

nothing is really work to create a state
 to make the system work? I think
 it's not really - we need to
 control the public life, we need to
 control the state

we need to work to create a state
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[illegible][illegible]

construction documents
restaurant renovation

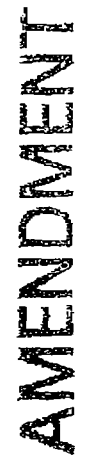
Hayes

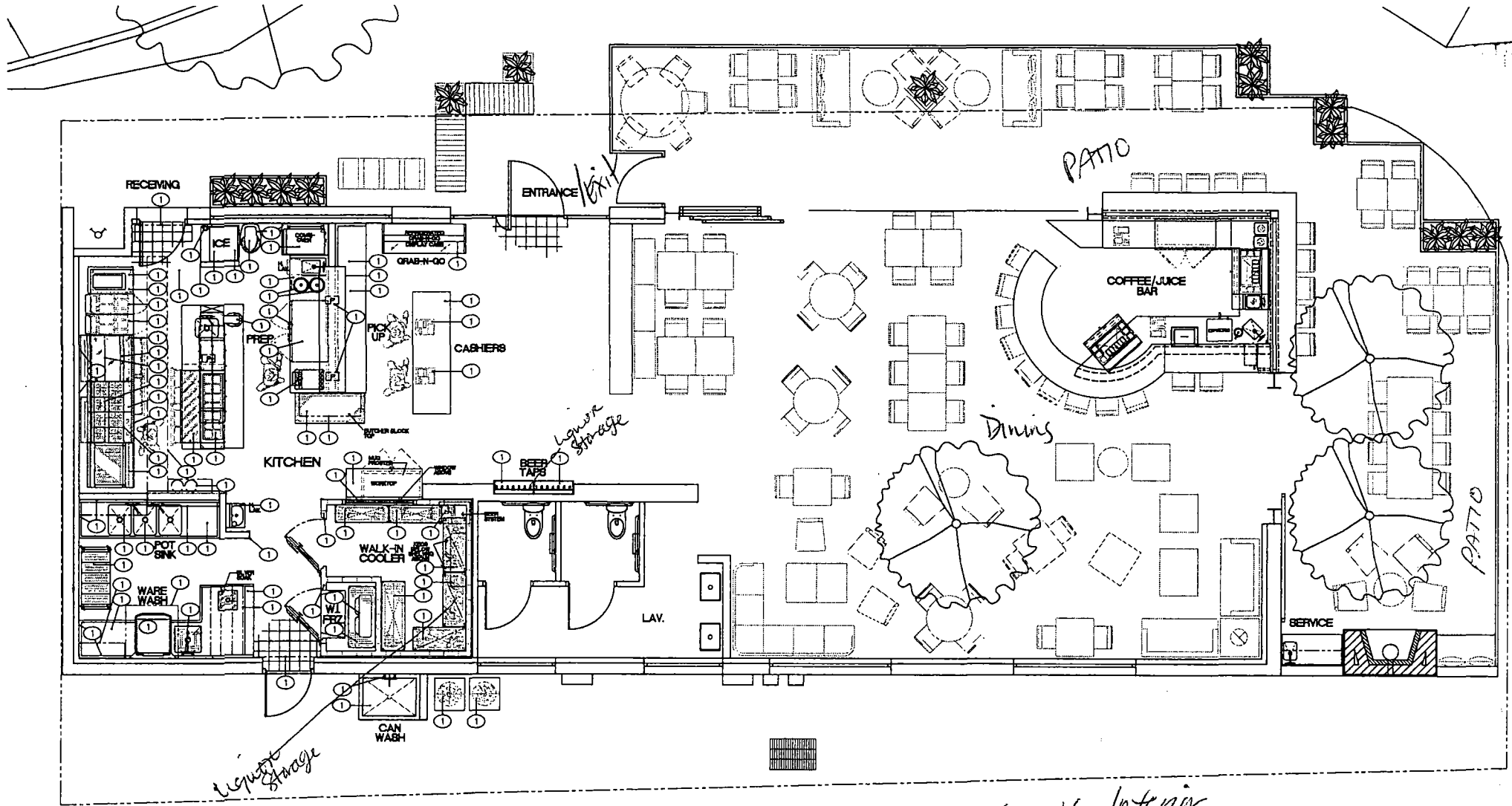


8-2.3

15-09-2015 approved, see a-1.0 site plan notes & details

AVENUE



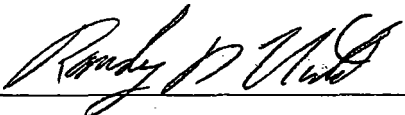


EQUIPMENT FLOOR PLAN

2454 sq ft. Interior
918 sq. ft. patio

SECTION 17 SIGNATURE BLOCK

I, (Print Full Name) Randy D. Nations, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X (Signature) 

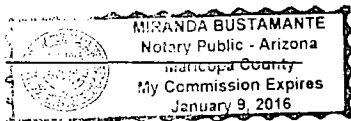
State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

2nd of December, 2015

Day Month Year

My commission expires on:




Signature of NOTARY PUBLIC

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

Sandwiches

ChixHum-naturally raised cage free chicken breast + hummus spread +shaved manchego +organic tomato+ cucumber ribbons+local organic whole wheat bread
\$10

Grilled Wild Salmon Open Face-avocado+ organic heirloom tomato+ olive oil dill vinaigrette dressing +local organic wheat bread or local pumpernickel or rye or GF bread
\$12

TBA- free range shaved turkey +applewood bacon +avocado mayo+ organic tomato
\$10

Pastrami Rueben- mounds of house made lean pastrami-local soft organic rye-bread+ mustard+ rGBH free swiss cheese-pickle. This ultra-tender pastrami is created in-house custom trimmed- then served warm on toasted rye bread with pickles & chefs dressing or pressed challa pastrami rueben
\$13

Veggie Stuffed Whole Wheat Pita-artichoke pesto spread-organic sprouts-roasted red peppers+ cucumber ribbons+ shaved purple carrot+ olive oil vinaigrette
\$10

Steak n Potato-shaved grass fed marinated flank steak+ purple potato hash+ horseradish cheddar +organic beefsteak tomato + yogurt horseradish crema on the side +local ciabatta (garlic+rosemary+citrus marinade)
\$12

Veggie Burger-organic sweet potato+ chick pea + quinoa burger+ spiced w/ cumin+ avocado+ grilled mushroom+ pickled carrot+ served on bed of spinach
\$10

Hamburger or Bison Burger-8oz grass fed ground sirloin or bison- butter lettuce+ organic vine tomatoes+ house made sweet and spicy pickles-side of special craft sauce (chili+ mayo+ ketchup) +local brioche bun
wrapped protein style in butter lettuce cups/upon request
\$9

Salads

Vegan Caesar-romaine spears+ vegan Caesar dressing+ gluten free olive oil crouton (macerated greek olives +tamari+ olive oil+ garlic)

\$7

Kaniwa-chopped chilled kale-lemon+ EVOO-parmesan + pinch of chili flake or dehydrated siracha flake

\$8

Farm Chop Signature Salad-all served chilled and chopped-kale-quinoa-cherry toms-pickeled veg- cucumbers-artichoke hearts-asparagus- balsamic + evoo yogurt ranch dressing-

\$10

Roasted Beet-mint-lemon-avocado-tangy lime yogurt dressing (might not use this one as beets are kind of played out)

\$10

Go Quinoa-quinoa+ spinach+ beets+ cherry tomatoes+ jalapeno+ avocado?

Cucumber salad-cucumber spears+ green cabbage+ black sesame+ shaved carrots+toasted almond slivers+ white miso ginger soy (tamari)dressing

\$10

Hearts of Palm+ orange segments+ pickled red onions+ cannelloni beans+ cucumbers+ evoo and balsamic

\$10

Hummus protein Salad- hummus+ cage free chicken breast + tomatoes+ cucumber ribbons+ greek olives+ cherry tomatoes + spinach or arugula base +lemon infused balsamic olive oil dressing -served w/ gluten free or whole-wheat pita-

\$12

Sweets

Paleo Chocolate Dipped Macaroons

Protein ice cream-pb2 + almond powder+ cocoa powder+ water+ frozen+ banana+ protein powder+ crushed strawberries

Fresh local organic pastries

Breakfast

The Craft breakfast burrito- gluten free or organic tortilla +egg whites or scrambled spinach infused egg whites-chopped free range ham or sausage + organic rGBH free jack and cheddar cheese+ house made salsa + purple potato hash browns or sweet potato hash served w/ seasonal organic fruit side

***replace this w a breakfast sandwich w/ similar ingredients/ maybe green spinach eggwhite sand and sausage patty or chopped ham patty?

Spinach & Egg White Bowl –organic spinach+organic scrambled omega 3 eggs +organic black beans+ avocado + house made salsa+ yogurt sour cream

Sweet potato hash Bowl- organic sweet potato hash+ organic scrambled omega 3 egg whites+ free range turkey sausage patty- sautéed kale-charred tomato

Antioxidant Omega 3 Bowl-Organic Greek yogurt-organic acai'+ organic granola + flaxseeds + bananas +blueberries + strawberries-served with raw organic honey or organic agave nectar

Spinach pancakes- Sweet and savory + spinach infused whole wheat & flax seed pancakes + house made strawberry honey syrup+ roasted coconut pieces or coconut whipped cream

Coconut milk cooked steel cut oat bowl-apples+ bananas+ organic honey+ coconut yogurt

Breakfast Sides (served a la carte)

Free Range Turkey Breakfast Sausage patties

Applewood bacon

Chicken Sausage links

Organic Omega 3 eggs

Seasonal Fruits

Coconut Yogurt w/ honey infused w/ chili+ crushed almonds

Almonds-honey-red chili flake for toast or granola bowls

Kids

Almond butter+ banana + strawberry sandwich

Turkey Sloppy Joe Sliders-free range turkey+ jack cheese+ brioche bun

Whole wheat waffle+berries+coconut whipped cream

Kids drinks=Strawberry / Watermelon / Blueberry Banana / Apple / Organic Chocolate or Strawberry almond milk/ Organic Milk

Optional Dinner Menu would pull breakfast items after 4pm

Small plates \$8 (may turn a couple of these into sides but doesn't necessarily fit right now)

Chopped Roasted Brussels sprouts topped with-braised pulled short rib - iron skillet

Roasted cauliflower purée topped with-free range chicken breast or house made porchette-iron skillet

Turkey mini meatballs-simmered in marinara-pecorino romano- hint of chili flake

Braised short rib fries-short rib-fries-goodness

Charred Brussel sprouts-served w/ house made spicy brudo

Roasted Cauliflower-garlic-butter-pecorino-better than mashed potatoes

Not so vegan mac and cheese- Cheeses-bacon-chorizo-mac-baked in a skillet-topped w/ more bacon **Vegan version available on request

Bowls \$15

Spaghetti Squash Yellow Curry \$15 chicken breast-pots-mushrooms-pickled onion- mild spice-can make hotter on request-sub brown rice for spaghetti squash

Ramen plays-bowls of ramen \$15 Need one- just haven't thought of one yet

Sides \$7 seasonal vegetable • roasted beets with citrus • coleslaw • tabbouleh kale salad w/lemon and olive oil vinaigrette • siracha battered onion rings •hand-cut french fries

Cold Pressed Juice

Kale Island- kale-ginger-apple-romaine-pineapple-coconut water-spritz of kiwi juice

Bloody apple-blood orange-apple-kale-carrot-beet

Disaster relief-coconut water + ionized water-orange juice + pineapple

Ginger snap-ginger+ pink grapefruit+blood orange+ yuzu-soda water+ crushed ice

Switchel-ionized water+ fresh grated ginger+ apple cider vinegar+ molasses+ fresh mint

Farm Doc-apple+ celery+ cucumber+ ginger root+ lemon+ lime+ parsley+ spinach

Hungover or Do-Over-coconut water+ banana+ mango+ spinach+ ionized water+ matcha powder+avocado+lemon juice-smoothie

housemade lemonade / 3.50

cucumber mint lemonade / 3.50

cold pressed orange juice / 3.95 cold pressed apple juice / 3.95

Market Drinks=Premade bottled for market retail sale

SuperHydrate water-ionized water+ lemon+ stevia

Motto sparkling matcha tea / Maple water / Farm Doc / Disaster Relief / Strawberry Almond Milk / Almond Chocolate espresso Milk

Hungover or Do-Over-coconut water+ banana+ mango+ spinach+ ionized water+ matcha powder+avocado+lemon juice-smoothie

Proco-protein shake and 2 shots espresso

Coconut Water on tap

ESPRESSO BAR

Proco-protein shake and 2 shots espresso / shake and strained cold over ice or straight up- *optional F&C logo'd protein shaker bottle -\$7 or \$18

Cold Gravity drip Iced Coffee on Tap

drip coffee / 3.25

cappuccino / 3.95

café latte / 3.95

macchiato / 3.50

americano / 3.25

organic dark chocolate mocha / 4.50

espresso / 2.95

organic hot chocolate / 3.95

spiced chai latte / 4.25

organic hot teas / 3.25

english breakfast / earl grey / green / chai

soy +0.50, almond milk +0.50, coconut milk +.50, real vanilla bean shot +0.50

COLD & BLENDED

iced café latte / 4.25

iced americano / 3.50

iced organic dark chocolate mocha / 4.75

iced chai latte / 4.25

organic blended frappes / 4.95

latte / mocha / vanilla

organic iced tea / 3.25

black or green